

EVALUATION OF PRIVILEGES - OCCUPATIONAL THERAPY		PERIOD		DATE		
For use of this form, see AR 40-68; the proponent agency is OTSG		FROM		TO		
RATED BY		PRIVILEGES PERFORMED BY		TREATMENT FACILITY		
TITLE						
PRIVILEGES		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.		ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Category I.						
Special Procedures						
	1. Prosthetic checkout and training (<i>upper extremity</i>)					
	2. Neurodevelopmental treatment for adults.					
	3. Percent body fat determination.					
	4. Neurodevelopmental treatment of children.					
	5. Refer to specialty clinics.					
	6. Southern California sensory interpretation testing, administration and interpretation.					
Category II						
Special Procedures						
	1. Order and read hand, wrist, forearm, arm and glenohumeral joint X-rays.					
	2. Cast/splinting of fractures, contusions, sprains and sprains.					
	3. Suture removal.					
	4. Wound care, dressing and changing.					
	5. Assist with closed reduction of routine fractures and dislocations of the hand and wrist.					
	6. Request EMG, NCV, and MCV studies of major nerves of the upper extremity.					
	7. Write prescriptions for analgesic and non-steroidal/ASA compound anti-inflammatory medications. (<i>TAB-approved list attached.</i>)					
	8. Other (<i>Specify</i>)					

COMMENTS (*Borderline and unacceptable ratings will be addressed.*) (*Use reverse if needed.*)

RATER'S SIGNATURE	DATE
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